



STATE OF DELAWARE
STATE FIRE PREVENTION COMMISSION
DELAWARE FIRE SERVICE CENTER

(302) 739 - 3160
FAX (302) 739 - 4436

1463 CHESTNUT GROVE ROAD
DOVER, DELAWARE 19904

**STATE OF DELAWARE EMT CERTIFICATION
RECIPROCITY INFORMATION SHEET**

Individuals seeking reciprocity from another state **must** be a Nationally Registered EMT. Please complete the following and submit the Reciprocity packet in its entirety to Delaware State Fire Prevention Commission:

1. Complete the Delaware State Fire School Reciprocity class. Registration and class information can be located on web page: www.statefireschool.delaware.gov; by calling 302-739-4773; or by email fire.school@delaware.gov
2. Complete and pass State and Federal Background check through Delaware State Bureau of Identification sent directly to Delaware State Fire School by SBI. (Valid for 6 months)
3. Complete your portion and mail the Verification of EMT Certification form to your certifying state to verify your EMT Certification. Verification of Certification must be completed and mailed directly from the certifying state to the State Fire Prevention Commission.
4. Complete and Submit Application for State of Delaware Reciprocity signed by you and your sponsoring organization. **Must have live signatures.**
5. Submit copy of Delaware State Fire School EMT Reciprocity class certificate showing date of completion.
6. Submit copy of current National Registry card.
7. Submit copy of current BLS Provider CPR/AED card or its equivalent as approved by Delaware State Fire Prevention Commission. List can be found on statefirecommission.gov – EMT Information – Delaware CPR/AED Certification Requirements.
8. If you do not have a Delaware Driver's License, submit a color photograph and signature by email. Photocopies or photographs of your Driver's License and/or ID cards will **not** be accepted.
9. Processing fee of \$10.00 **must accompany** application. We accept credit cards (excluding American Express), checks made payable to State Fire Prevention Commission, and cash.

**INCOMPLETE APPLICATION PACKETS WILL NOT BE ACCEPTED AND
WILL BE RETURNED**

If you have any questions regarding Delaware EMT Reciprocity Certification please contact the Delaware State Fire Prevention Commission at 302-739-3160 or fire.commission@delaware.gov



Submit Form To: State Fire Prevention Commission
 EMS Certification
 1463 Chestnut Grove Road
 Dover, Delaware 19904
 302-739-3160



Application for State of Delaware Reciprocity

Applicant must submit a copy of all current State EMT and Healthcare Provider Certifications, and payment of the \$10.00 administrative processing fee with this form.

Demographic Information (to be completed by Individual applying for Reciprocity)

Name: _____ Date: _____

Address: _____ Telephone No.: _____

_____ DOB: _____

Email : _____

Current State EMT Certification and Card Number: _____ Exp Date: _____

Current State Certifying Agency's Address: _____ Telephone No.: _____

_____ NREMT No.: _____

_____ NREMT Exp Date: _____

Have you had your certification suspended or revoked in another State? No Yes If Yes, explain: _____

I _____ am applying for Delaware EMT certification. I agree to the background check
 (Signature)
 and that the background information will be provided to the State Fire Prevention Commission for review. This application
 also permits the Delaware State Fire School to verify and confirm any of the provided information for reciprocity.

Verification of Affiliation in Delaware (to be completed by sponsoring agency)

EMS Affiliation in Delaware: _____

Authorized Signature & Title of DE Sponsoring Organization: _____

State Fire Prevention Commission use ONLY

- | | |
|--|---|
| <input type="checkbox"/> Application completed | Application Received _____ |
| <input type="checkbox"/> Reciprocity Class Certificate | <input type="checkbox"/> State EMT certification Verified |
| <input type="checkbox"/> National Registry Verified (if NREMT) | <input type="checkbox"/> BLS Provider CPR AED Certification Verified |
| <input type="checkbox"/> Background check completed | <input type="checkbox"/> Background check verified |
| <input type="checkbox"/> Refresher/Reciprocity Class completed | <input type="checkbox"/> No DE Driver's License-Photo/Signature Submitted |

Reciprocity Granted Yes No If No, reason denied: _____

DE Certification Number: _____ Exp Date: _____ Card Issued: _____ Mailed To: _____

Signature: _____ Title: _____ Date: _____

COMPLETED INFORMATION MUST BE SUBMITTED IN ITS ENTIRETY.

Verification of EMT Certification

Delaware State Fire Prevention Commission Emergency Medical Services Division

To Be Completed by Applicant (Please Print)

Name: _____ Date of Birth: _____ Last Four of SS No. _____

Current State EMT ID Number: _____ State: _____

This section to be completed by current certifying State EMS Office

Certification Number _____

Expiration Date of Certification _____ Original Certification Date _____

Was Certification in Your State based on completion of a state written and practical exam meeting the DOT standard curriculum prior to 2009 or the NHTSA 2009 National EMS Standards? Yes No

Was Certification in your State based on reciprocity from another State or Military?: Yes No

If yes, please indicate State or branch of Armed Services: _____

Has this person refreshed his/her certification in Your State: Yes No Give Date _____
Mo Day Yr

Level of Certification – Please check the highest level of certification Applicant currently holds

- EMT-B – Course met or exceeded DOT Standards prior to 2009
- EMT – Course met or exceeded NHTSA 2009 National EMS Standards
- EMT-Intermediate – Course met or exceeded DOT Standards
- AEMT - Course met or exceeded NHTSA 2009 National EMS Standards
- EMT-Paramedic – Course met or exceeded DOT Standards
- Paramedic - Course met or exceeded NHTSA 2009 National EMS Standards

Is there any reason that reciprocity should NOT be granted to the Applicant: Yes No

If Yes, please explain:

This is to verify that the above individual is certified/registered/licensed in your state.

ORGANIZATION NAME: _____

ADDRESS: _____

PRINTED NAME: _____ TITLE _____

SIGNATURE: _____ DATE _____

CONTACT NUMBER area code () _____

Please Return Original Form To:
State Fire Prevention Commission
Fax 302-739-4436
1463 Chestnut Grove Road
Dover, Delaware 19904

Updated 03/01/17